

<h1>TRANSMITTAL FORM</h1> <p style="font-size: small;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/705,336-Conf. #5133</td> </tr> <tr> <td>Filing Date</td> <td>November 10, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Toshiaki Irie</td> </tr> <tr> <td>Art Unit</td> <td>2621</td> </tr> <tr> <td>Examiner Name</td> <td>Findley, Christopher G.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>04995/128001</td> </tr> </table>	Application Number	10/705,336-Conf. #5133	Filing Date	November 10, 2003	First Named Inventor	Toshiaki Irie	Art Unit	2621	Examiner Name	Findley, Christopher G.	Attorney Docket Number	04995/128001
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Examiner Name	Findley, Christopher G.												
Attorney Docket Number	04995/128001												
Total Number of Pages in This Submission	9												

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (Via EFS) <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) </div> <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 </div>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="margin-left: 20px;"> <input type="checkbox"/> Landscape Table on CD </div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">Pre-Appeal Brief Request (5 pages)</div>
<div style="border: 1px solid black; width: 100px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	OSHA - LIANG LLP		
Signature	/Jonathan P. Osha/		
Printed name	Jonathan P. Osha		
Date	June 23, 2008	Reg. No.	33,986